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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33763**  
Registrar's No. **8460**

**NOV 16 1940**

Jurisdiction District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Anthony's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether years, months or days) **49 years**

3. (a) PRINT FULL NAME **KATHARINA YUNG**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Adam Yung**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **February 19 1871**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **21**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Brau-Weiler Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Kiltz**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Franzmann**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Yung**  
(b) Address **4654 So. Grand**

17. (a) **Burial** (b) Date thereof **10/14/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Beaermon Funeral Home Inc**  
(b) Address **1936 St. Louis Avenue**

19. **OCT 12 1940** (b)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4654 So. Grand Blvd.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **49 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**  
year **1940** hour **3** minute **05** P. M.  
21. I hereby certify that I attended the deceased from **Jan 19, 1940**  
**1940** to **Oct 10 1940**  
that I last saw her alive on **Oct 10 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Primary carcinoma of liver** **6 mo**  
Due to **Multiple thrombophlebitis** **7 mo**  
**Chronic Myocarditis** **1 mo**  
Due to \_\_\_\_\_

Other conditions: **H/O**  
(Include pregnancy within 3 months of death)  
Major findings: **Primary Carcinoma of Liver**  
Of operation \_\_\_\_\_  
Of autopsy **no**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Tupper Plummer** (M. D. or other) **M.D.**  
Address **3953 S. Elmwood** Date signed **10-11-40**

Dr. Trupper Plummer  
3933 So Grand  
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.